

<i>SERFF Tracking Number:</i>	<i>CEUL-126385493</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44361</i>
<i>Company Tracking Number:</i>	<i>FLIC_AR_MSGR_2009</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>FLIC Med Supp Rate 2009</i>		
<i>Project Name/Number:</i>	<i>Family Life/111609</i>		

Filing at a Glance

Company: Family Life Insurance Company

Product Name: FLIC Med Supp Rate 2009

TOI: MS051 Individual Medicare Supplement -
Standard Plans

Sub-TOI: MS051.001 Plan A

Filing Type: Rate

SERFF Tr Num: CEUL-126385493 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: FLIC_AR_MSGR_2009 State Status: Approved-Closed

Reviewer(s): Stephanie Fowler

Authors: Velvet Giron, Shaun Dillon Disposition Date: 01/22/2010

Date Submitted: 12/16/2009 Disposition Status: Approved-
Closed

Implementation Date Requested: 04/01/2010

Implementation Date: 04/01/2010

State Filing Description:

General Information

Project Name: Family Life

Project Number: 111609

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 10%

Filing Status Changed: 01/22/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/22/2010

Created By: Shaun Dillon

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Shaun Dillon

Filing Description:

An actuarial study of our business in this line has revealed that our current rates are inadequate to support our experience. We have included the required Actuarial Memorandum detailing the actuarial analysis of our experience.

The company is requesting a composite 10.0% rate increase in premiums for all plans. This increase is composed of an 9.0% increase on Plans A, B, D, E and G and a 10.0% increase on Plans C and F. The rate increase will apply to both policies inforce and new issues. The target date for implementation is assumed to be 4/01/2010. The actual date which the new rates become effective for this state will not be sooner than one year after the implementation date of the last approved rate increase.

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TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	FLIC Med Supp Rate 2009		
Project Name/Number:	Family Life/111609		

We appreciate the Department's time and consideration in the review of this filing for Family Life.

Company and Contact

Filing Contact Information

Shaun Dillon, Financial Analyst	SDillon@manhattanlife.com
Wortham Tower	713-529-0045 [Phone] 5196 [Ext]
2727 Allen Parkway, Suite 500	713-529-9425 [FAX]
Houston, TX 77019	

Filing Company Information

Family Life Insurance Company	CoCode: 63053	State of Domicile: Texas
10700 Northwest Freeway	Group Code: 1117	Company Type:
Houston, TX 77092	Group Name: Manhattan Insurance	State ID Number:
	Group	
(800) 877-7705 ext. [Phone]	FEIN Number: 91-0550883	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	Rates = \$50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Family Life Insurance Company	\$50.00	12/16/2009	32835260

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/22/2010	01/22/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rate Pages	Shaun Dillon	01/11/2010	01/11/2010
Supporting Document	Health - Actuarial Justification	Shaun Dillon	01/11/2010	01/11/2010

SERFF Tracking Number:	CEUL-126385493	State:	Arkansas
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Company Tracking Number:	FLIC_AR_MSGR_2009		
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	FLIC Med Supp Rate 2009		
Project Name/Number:	Family Life/111609		

Disposition

Disposition Date: 01/22/2010

Implementation Date: 04/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after April 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Family Life Insurance Company	10.000%	10.000%	\$28,891	202	\$288,906	10.000%	9.000%

<i>SERFF Tracking Number:</i>	<i>CEUL-126385493</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44361</i>
<i>Company Tracking Number:</i>	<i>FLIC_AR_MSGR_2009</i>		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Outline of Coverage	Approved	Yes
Rate (revised)	Rate Pages	Approved	Yes
Rate	Rate Pages	Replaced	Yes

SERFF Tracking Number: CEUL-126385493 State: Arkansas
 Filing Company: Family Life Insurance Company State Tracking Number: 44361
 Company Tracking Number: FLIC_AR_MSGR_2009
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: FLIC Med Supp Rate 2009
 Project Name/Number: Family Life/111609

Amendment Letter

Submitted Date: 01/11/2010

Comments:

Please note that the Rates Page and Actuarial Memorandum have been revised. The comments concerning the revised Actuarial Memorandum can be found below. In regards to the revised Rate Page, the company recently discovered a typographical error in the language describing the modal factors that was inadvertently included on the rate pages for the most recent rate filing. The language should read that 'there is no modal loading'. The attached rate pages have been revised to reflect this correction, and they are now consistent with the originally approved rate pages and the actual modal premiums. This change has no impact on existing policyholders.

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Rate Pages	MSAAA200810, MSAAB200810, MSAAC200810, MSAAD200810, MSAAE200810, MSAAF200810, MSAAG200810, MSIAA200810, MSIAB200810, MSIAC200810, MSIAD200810, MSIAE200810, MSIAF200810, MSIAG200810	New		AR REVISED Rates_2009.pdf
AR REVISED Rates_2009.pdf				

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

SERFF Tracking Number: CEUL-126385493 *State:* Arkansas
Filing Company: Family Life Insurance Company *State Tracking Number:* 44361
Company Tracking Number: FLIC_AR_MSGR_2009
TOI: MS051 Individual Medicare Supplement - *Sub-TOI:* MS051.001 Plan A
Standard Plans
Product Name: FLIC Med Supp Rate 2009
Project Name/Number: Family Life/111609

Comment: Please find attached a revised memorandum to replace the existing one in the AR rate increase filing for the 1990 plans. Arkansas 2010 plans have just recently been approved. In regards to this approval, this revised memo reflects the Company's intent to apply the pending rate increase to the 2010 plans to maintain consistency between 1990 and 2010 rates.

AJ AR 3Q 2009 rev.pdf

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Product Name:	FLIC Med Supp Rate 2009		
Project Name/Number:	Family Life/111609		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	N/A

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Family Life Insurance Company	10.000%	10.000%	\$28,891	202	\$288,906	10.000%	9.000%

SERFF Tracking Number:	CEUL-126385493	State:	Arkansas
Filing Company:	Family Life Insurance Company	State Tracking Number:	44361
Company Tracking Number:	FLIC_AR_MSGR_2009		
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	FLIC Med Supp Rate 2009		
Project Name/Number:	Family Life/111609		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 01/22/2010	Rate Pages	MSAAA200810, MSAAB200810, MSAAC200810, MSAAD200810, MSAAE200810, MSAAF200810, MSAAG200810, MSIAA200810, MSIAB200810, MSIAC200810, MSIAD200810, MSIAE200810, MSIAF200810, MSIAG200810	New		AR REVISED Rates_2009.pdf

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
Standardized Plan A

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,186.00	1,318.00	9.0%	9.0%	1,292.74	1,436.62

There is no modal loading.

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
Standardized Plan B

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,444.00	1,604.00	9.0%	9.0%	1,573.96	1,748.36

There is no modal loading.

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy Standardized Plan C

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,658.00	1,842.00	10.0%	10.0%	1,823.80	2,026.20

There is no modal loading.

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
Standardized Plan D

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,514.00	1,681.00	9.0%	9.0%	1,650.26	1,832.29

There is no modal loading.

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
Standardized Plan E

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,519.00	1,688.00	9.0%	9.0%	1,655.71	1,839.92

There is no modal loading.

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
Standardized Plan F

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,696.00	1,885.00	10.0%	10.0%	1,865.60	2,073.50

There is no modal loading.

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
Standardized Plan G

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,521.00	1,691.00	9.0%	9.0%	1,657.89	1,843.19

There is no modal loading.

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
2010 Standardized Plan A

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,186.00	1,318.00	9.0%	9.0%	1,292.74	1,436.62

There is no modal loading.

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
2010 Standardized Plan B

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,444.00	1,604.00	9.0%	9.0%	1,573.96	1,748.36

There is no modal loading.

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
2010 Standardized Plan C

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,658.00	1,842.00	10.0%	10.0%	1,823.80	2,026.20

There is no modal loading.

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
2010 Standardized Plan D

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,514.00	1,681.00	9.0%	9.0%	1,650.26	1,832.29

There is no modal loading.

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
2010 Standardized Plan F

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,696.00	1,885.00	10.0%	10.0%	1,865.60	2,073.50

There is no modal loading.

A discount factor of 0.93 is applied for married applicants.

Area Factors:

<u>Arkansas</u>	
722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
2010 Standardized Plan G

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,521.00	1,691.00	9.0%	9.0%	1,657.89	1,843.19

There is no modal loading.

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

<i>SERFF Tracking Number:</i>	<i>CEUL-126385493</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44361</i>
<i>Company Tracking Number:</i>	<i>FLIC_AR_MSGR_2009</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>FLIC Med Supp Rate 2009</i>		
<i>Project Name/Number:</i>	<i>Family Life/111609</i>		

Supporting Document Schedules

		Item Status:	Status
Satisfied - Item:	Outline of Coverage	Approved	Date: 01/22/2010
Comments:			
Attachment:			
AR 1-1-10.pdf			

FAMILY LIFE INSURANCE COMPANY
Outline of Medicare Supplement Coverage-Cover Page 1 of 2
Benefit Plans A, B, C, D, E, F AND G

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available in your state. Family Life Insurance Company offers seven of the fourteen plans available.

See Outlines of Coverage sections for details about ALL plans

Basic Benefits for Plans A-J:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services.

Blood: First three pints of blood each year.

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits		Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	
		Part B Deductible			Part B Deductible					Part B Deductible	
					Part B Excess (100%)		Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	
				Preventive Care NOT covered by Medicare						Preventive Care NOT covered by Medicare	

***Plans F and J also have an option called a high deductible plan F and a high deductible plan J. These high deductible plans pay the same benefits as Plans F and J after one has paid a calendar year \$2000 deductible. Benefits from high deductible plans F and J will not begin until out-of-pocket expenses exceed \$2000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare Deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.**

FAMILY LIFE INSURANCE COMPANY
Outline of Medicare Supplement Coverage-Cover Page 2 of 2

Basic Benefits for Plans K and L include similar services as plans A-J, but cost sharing for the basic benefits is at different levels.

J	K**	L**
Basic Benefits	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits end. 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood. 50% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services.	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services
Skilled Nursing Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess (100%)		
Foreign Travel Emergency		
At-Home Recovery		
Preventative Care NOT covered by Medicare		
	\$4620 Out of Pocket Annual Limit***	\$2310 Out of Policy Annual Limit***

****Plans K and L provide for different cost-sharing for items and services than Plans A-J.**

Once you reach the annual limit, the plans pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges.

*****The out-of-pocket annual limit will increase each year for inflation.**

See Outlines of Coverage for details and exceptions.

FAMILY LIFE INSURANCE COMPANY OF AMERICA

**PREFERRED PREMIUM RATES
FOR USE IN ARKANSAS ZIP CODES**

**722, 72002, 72053, 72065, 72076, 72078, 72099, 72103, 722113-72120, 72124,
72135, 72142, 72164, 72180, 72190, 72198, 72199**

ANNUAL

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[1,293]	[1,574]	[1,824]	[1,650]	[1,656]	[1,866]	[1,658]

SEMI-ANNUAL

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[647]	[787]	[912]	[825]	[828]	[933]	[829]

QUARTERLY

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[323]	[394]	[456]	[413]	[414]	[467]	[415]

MONTHLY

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[108]	[131]	[152]	[138]	[138]	[156]	[138]

Spousal Discount Factor: .93

FAMILY LIFE INSURANCE COMPANY OF AMERICA

**STANDARD PREMIUM RATES
FOR USE IN ARKANSAS ZIP CODES**

**722, 72002, 72053, 72065, 72076, 72078, 72099, 72103, 722113-72120, 72124,
72135, 72142, 72164, 72180, 72190, 72198, 72199**

ANNUAL

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[1,437]	[1,748]	[2,026]	[1,832]	[1,840]	[2,074]	[1,843]

SEMI-ANNUAL

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[719]	[874]	[1,013]	[916]	[920]	[1,037]	[922]

QUARTERLY

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[359]	[437]	[507]	[458]	[460]	[519]	[461]

MONTHLY

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[120]	[146]	[169]	[153]	[153]	[173]	[154]

Spousal Discount Factor: .93

FAMILY LIFE INSURANCE COMPANY OF AMERICA

**PREFERRED PREMIUM RATES
FOR USE IN ALL ARKANSAS ZIP CODES BEGINNING WITH 720 and 721 EXCEPT
72002, 72053, 72065, 72076, 72078, 72099, 72103, 722113-72120, 72124,
72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199**

ANNUAL

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[1,228]	[1,495]	[1,733]	[1,568]	[1,573]	[1,773]	[1,575]

SEMI-ANNUAL

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[614]	[748]	[867]	[784]	[787]	[887]	[788]

QUARTERLY

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[307]	[374]	[433]	[392]	[393]	[443]	[394]

MONTHLY

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[102]	[125]	[144]	[131]	[131]	[148]	[131]

Spousal Discount Factor: .93

FAMILY LIFE INSURANCE COMPANY OF AMERICA

**STANDARD PREMIUM RATES
FOR USE IN ALL ARKANSAS ZIP CODES BEGINNING WITH 720 and 721 EXCEPT
72002, 72053, 72065, 72076, 72078, 72099, 72103, 722113-72120, 72124,
72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199**

ANNUAL

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[1,365]	[1,661]	[1,925]	[1,740]	[1,748]	[1,970]	[1,751]

SEMI-ANNUAL

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[683]	[831]	[963]	[870]	[874]	[985]	[876]

QUARTERLY

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[341]	[415]	[481]	[435]	[437]	[493]	[438]

MONTHLY

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[114]	[138]	[160]	[145]	[146]	[164]	[146]

Spousal Discount Factor: .93

FAMILY LIFE INSURANCE COMPANY OF AMERICA

**PREFERRED PREMIUM RATES
FOR USE IN ALL ARKANSAS ZIP CODES
EXCEPT 720-722**

ANNUAL

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[1,099]	[1,338]	[1,550]	[1,403]	[1,408]	[1,586]	[1,409]

SEMI-ANNUAL

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[550]	[669]	[775]	[702]	[704]	[793]	[705]

QUARTERLY

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[275]	[335]	[388]	[351]	[352]	[397]	[352]

MONTHLY

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[92]	[112]	[129]	[117]	[117]	[132]	[117]

Spousal Discount Factor: .93

FAMILY LIFE INSURANCE COMPANY OF AMERICA

**STANDARD PREMIUM RATES
FOR USE IN ALL ARKANSAS ZIP CODES
EXCEPT 720-722**

ANNUAL

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[1,221]	[1,486]	[1,722]	[1,557]	[1,564]	[1,763]	[1,567]

SEMI-ANNUAL

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[611]	[743]	[861]	[779]	[782]	[882]	[784]

QUARTERLY

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[305]	[372]	[431]	[389]	[391]	[441]	[392]

MONTHLY

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	[102]	[124]	[144]	[130]	[130]	[147]	[131]

Spousal Discount Factor: .93

PREMIUM INFORMATION

Family Life Insurance Company may change your premium if a new table of rates is applicable to the policy. The change in the table of rates will apply to all covered persons in the same class on the date of change. Class is defined as state and zip code of residence.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and Family Life Insurance Company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to our Medicare Supplement Administrative Office at P. O. Box 924408, Houston, Texas 77292-4408. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs. Neither Family Life Insurance Company nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

LIMITATIONS AND EXCLUSIONS

This policy does not contain a pre-existing condition limitation and this policy does not pay benefits for (a) Expenses incurred while this policy is not in force except as provided in the Extension of Benefits section; (b) Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force; (c) That portion of any expense incurred which is paid for by Medicare; (d) Services for non-Medicare Eligible Expenses unless specifically covered in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions; (e) Services for which a charge is not normally made in the absence of insurance; or (f) Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate.

REFUND OF PREMIUMS

The Policy does contain a Pro-Rata Refund provision which provides for the partial refund of premium upon death.

The Policy does contain a Cancellation By Insured provision which provides for a refund of premium upon surrender of the Policy.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Please refer to your policy for details.

PLAN A

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but [\$1100] All but [\$275] a day All but [\$550] a day \$0 \$0	\$0 [\$275] a day [\$550] a day 100% of Medicare eligible expenses \$0	[\$1100] (Part A deductible) \$0** \$0** \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 \$0 \$0	\$0** Up to [\$137.50] a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0** \$0**
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 [\$155] (Part B deductible) \$0**
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs \$0 20%	 \$0** [\$155] (Part B deductible) \$0**
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0**

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies — Durable medical equipment First \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 100% \$0 80%	 \$0 \$0 20%	 \$0** [\$155] (Part B deductible) \$0**

PLAN B

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but [\$1100] All but [\$275] a day All but [\$550] a day \$0 \$0	[\$1100] (Part A deductible) [\$275] a day [\$550] a day 100% of Medicare eligible expenses \$0	\$0** \$0** \$0** \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 \$0 \$0	\$0** Up to [\$137.50] a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0** \$0**
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN B

MEDICARE (PART B) – MEDICAL SERVICES-PER – CALENDAR YEAR

*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 [\$155] (Part B deductible) \$0**
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0** [\$155] (Part B deductible) \$0**
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0**

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies — Durable medical equipment First \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 100% \$0 80%	 \$0 \$0 20%	 \$0** [\$155] (Part B deductible) \$0**

PLAN C

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but [\$1100] All but [\$275] a day All but [\$550] a day \$0 \$0	[\$1100] (Part A deductible) [\$275] a day [\$550] a day 100% of Medicare eligible expenses \$0	\$0** \$0** \$0** \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 Up to [\$137.50] a day \$0	\$0** \$0** All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0** \$0**
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN C

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	[\$155] (Part B deductible) Generally 20%	\$0** \$0**
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs [\$155] (Part B deductible) 20%	\$0** \$0** \$0**
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0**

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies — Durable medical equipment First \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 [\$155] (Part B deductible) 20%	\$0** \$0** \$0**
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OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of [\$50,000].	[\$250] 20% and amounts over the [\$50,000] lifetime maximum.
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PLAN D

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but [\$1100] All but [\$275] a day All but [\$550] a day \$0 \$0	[\$1100] (Part A deductible) [\$275] a day [\$550] a day 100% of Medicare eligible expenses \$0	\$0** \$0** \$0** \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 Up to [\$137.50] a day \$0	\$0** \$0** All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0** \$0**
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN D

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 [\$155] (Part B deductible) \$0**
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0** [\$155] (Part B deductible) \$0**
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0**

(continued)

PLAN D

PARTS A & B

*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	\$0	\$0**
— Durable medical equipment			
First \$155 of Medicare Approved Amounts*	\$0	\$0	[\$155] (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0**
AT HOME RECOVERY SERVICES – NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
— Benefit for each visit	\$0	Actual charges to [\$40] a visit	Balance
— Number of visits covered (Must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare approved visits, not to exceed 7 each week	Balance
— Calendar Year maximum	\$0	[\$1,600]	Balance

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	[\$250]
Remainder of charges	\$0	80% to a lifetime maximum benefit of [\$50,000].	20% and amounts over the [\$50,000] lifetime maximum.

PLAN E

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but [\$1100] All but [\$275] a day All but [\$550] a day \$0 \$0	[\$1100] (Part A deductible) [\$275] a day [\$550] a day 100% of Medicare eligible expenses \$0	\$0** \$0** \$0** \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 Up to [\$137.50] a day \$0	\$0** \$0** All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0** \$0**
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN E

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 [\$155] (Part B deductible) \$0**
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints Next \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0** [\$155] (Part B deductible) \$0**
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0**

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies — Durable medical equipment First \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 100% \$0 80%	 \$0 \$0 20%	 \$0** [\$155] (Part B deductible) \$0**
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(continued)

PLAN E

OTHER BENEFITS – NOT COVERED BY MEDICARE

*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First 250 each calendar year Remainder of charges	 \$0 \$0	 \$0 80% to a lifetime maximum benefit of [\$50,000].	 [\$250] 20% and amounts over the [\$50,000] lifetime maximum.
†PREVENTIVE MEDICAL CARE BENEFIT – NOT COVERED BY MEDICARE Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare First \$120 each calendar year Additional Charges	 \$0 \$0	 [\$120] \$0	 \$0** All costs

†Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

PLAN F

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but [\$1100] All but [\$275] a day All but [\$550] a day \$0 \$0	[\$1100] (Part A deductible) [\$275] a day [\$550] a day 100% of Medicare eligible expenses \$0	\$0** \$0** \$0** \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 Up to [\$137.50] a day \$0	\$0** \$0** All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0** \$0**
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 [\$155] (Part B deductible) Generally 20%	 \$0** \$0**
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	 \$0	 100%	 \$0**
BLOOD First 3 pints Next \$155 of Medicare Approved amounts* Remainder of Medicare Approved amounts	 \$0 \$0 80%	 All costs [\$155] (Part B deductible) 20%	 \$0** \$0** \$0**
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	 100%	 \$0	 \$0**

(continued)

PLAN F
PARTS A & B

*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	\$0	\$0**
— Durable medical equipment			
First \$155 of Medicare Approved Amounts*	\$0	[\$155] (Part B deductible)	\$0**
Remainder of Medicare Approved Amounts	80%	20%	\$0**

OTHER SERVICES – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	[\$250]
Remainder of charges	\$0	80% to a lifetime maximum benefit of [\$50,000]	20% and amounts over the [\$50,000] lifetime maximum

PLAN G

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but [\$1100] All but [\$275] a day All but [\$550] a day \$0 \$0	[\$1100] (Part A deductible) [\$275] a day [\$550] a day 100% of Medicare eligible expenses \$0	\$0** \$0** \$0** \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but [\$137.50] a day \$0	\$0 Up to [\$137.50] a day \$0	\$0** \$0** All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0** \$0**
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G

MEDICARE (PART B) – MEDICAL SERVICES-PER – CALENDAR YEAR

*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 [\$155] (Part B deductible) \$0**
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	80%	20%
BLOOD First 3 pints Next \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0** [\$155] (Part B deductible) \$0**
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0**

(continued)

PLAN G
PARTS A & B

*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	\$0	\$0**
— Durable medical equipment			
First \$155 of Medicare Approved Amounts*	\$0	\$0	[\$155] (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0**
AT HOME RECOVERY SERVICES – NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
— Benefit for each visit	\$0	Actual charges to [\$40] a visit	Balance
— Number of visits covered (Must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare approved visits, not to exceed 7 each week	Balance
— Calendar Year maximum	\$0	[\$1600]	Balance

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	[\$250]
Remainder of Charges	\$0	80% to a lifetime maximum benefit of [\$50,000].	20% and amounts over the [\$50,000] lifetime maximum

<i>SERFF Tracking Number:</i>	<i>CEUL-126385493</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44361</i>
<i>Company Tracking Number:</i>	<i>FLIC_AR_MSGR_2009</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>FLIC Med Supp Rate 2009</i>		
<i>Project Name/Number:</i>	<i>Family Life/111609</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/16/2009	Rate and Rule	Rate Pages	01/11/2010	AR Rates_2009.pdf (Superceded)

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
Standardized Plan A

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,186.00	1,318.00	9.0%	9.0%	1,292.74	1,436.62

Modal Factors: Ann:1.0000 Semi: 0.5200 Qtrly: 0.2650 Mthly: 0.0833

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
Standardized Plan B

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,444.00	1,604.00	9.0%	9.0%	1,573.96	1,748.36

Modal Factors: Ann:1.0000 Semi: 0.5200 Qtrly: 0.2650 Mthly: 0.0833

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
Standardized Plan C

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,658.00	1,842.00	10.0%	10.0%	1,823.80	2,026.20

Modal Factors: Ann:1.0000 Semi: 0.5200 Qtrly: 0.2650 Mthly: 0.0833

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
Standardized Plan D

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,514.00	1,681.00	9.0%	9.0%	1,650.26	1,832.29

Modal Factors: Ann:1.0000 Semi: 0.5200 Qtrly: 0.2650 Mthly: 0.0833

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
Standardized Plan E

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,519.00	1,688.00	9.0%	9.0%	1,655.71	1,839.92

Modal Factors: Ann:1.0000 Semi: 0.5200 Qtrly: 0.2650 Mthly: 0.0833

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
Standardized Plan F

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,696.00	1,885.00	10.0%	10.0%	1,865.60	2,073.50

Modal Factors: Ann:1.0000 Semi: 0.5200 Qtrly: 0.2650 Mthly: 0.0833

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85

Family Life Insurance Company

EXHIBIT A - GROSS ANNUAL PREMIUMS

Medicare Supplement Policy
Standardized Plan G

Issue Age	Current Rates		Proposed Rate Increase Percentage		Proposed Rates	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	1,521.00	1,691.00	9.0%	9.0%	1,657.89	1,843.19

Modal Factors: Ann:1.0000 Semi: 0.5200 Qtrly: 0.2650 Mthly: 0.0833

A discount factor of 0.93 is applied for married applicants.

Area Factors:

Arkansas

722.....	1.00
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199.....	1.00
All other zip codes beginning with 720 and 721.....	0.95
Rest of State.....	0.85